

# Exhibit G



Group Life Claims  
P.O. Box 6100  
Scranton, PA 18505-6100  
1-800-638-6420

## Life Insurance Claim Form Claimant's Statement

Employer Name: UNC HEALTH CARE

Employee Name: GAIL GUERRIERO

In order to process your claim as quickly as possible we need some information about you and about the deceased. Each beneficiary must submit his or her own Claimant's Statement. Return this completed Claimant's Statement to the Employer or directly to MetLife, in accordance with the instructions you received with this form. Be sure to include a certified copy of the death certificate that indicates the cause and manner of death. A certified copy of the death certificate is one that has been certified by the local Bureau of Vital Statistics or other responsible agency, and bears a raised or colored seal. You can usually obtain one from the funeral director who handled the arrangements. Only one death certificate need be submitted.

### Additional Information If Beneficiary is a Minor:

If no legal guardian is appointed to handle the minor's estate, a responsible adult should complete and sign the Claimant's Statement on behalf of the minor beneficiary. Be sure to complete Section A with information regarding the minor, not the party completing the form.

If a legal guardian of the minor child's estate has been or will be appointed, the guardian must complete and sign the Claimant's Statement. Be sure to include a copy of court-issued guardianship papers in the claim submission to MetLife.

### A. Information about you:

1. Your Name (please print or type) JOHN E GUERRIERO  
First Middle Initial Last

Maiden Name (if applicable) \_\_\_\_\_

2. Social Security No./TIN: REDACTED

3. Date of Birth REDACTED

☒ Male ☐ Female

4. Phone Number Day REDACTED Evening REDACTED  
(Area Code) (Area Code)

5. Fax Number (optional) (\_\_\_\_\_) (Area Code)

6. Mailing Address: REDACTED  
Number Street Apt./Box No. (if any)  
GARDEN CITY NY 11530  
City State Zip

### 7. Relationship to the deceased

You are the ☐ Spouse ☐ Child ☒ Parent ☐ Other \_\_\_\_\_  
Explain

8. If you have signed a document with a funeral home (a funeral home assignment) that authorizes MetLife to make a payment directly to it, please attach the document and check here ☐

### B. Information about the deceased:

1. His/Her Name GAIL A GUERRIERO  
First Middle Initial Last

Maiden Name (if applicable) \_\_\_\_\_

2. Residence Address REDACTED  
Number Street Apt./Box No. (if any)  
RALEIGH NC 27614  
City State Zip

3. Marital Status ☒ Single ☐ Married ☐ Widow/Widower ☐ Separated ☐ Divorced

4. Date of Birth REDACTED

5. Social Security No. REDACTED

Life Insurance Claimant's Statement (cont'd)

Employee Name: GAIL GUERRIERO

6. Certified copy of death certificate is ☒ attached (or was previously submitted) ☐ not attached.

If not attached, please explain \_\_\_\_\_

7. If the decedent also held an individual life insurance policy with MetLife, please provide the policy number:  
\_\_\_\_\_

**C. Certifications and Signature:**

The information I have given is, to the best of my knowledge, true and accurate.

Under penalty of perjury, I certify:

- 1) That the number shown on this form is my correct taxpayer identification number; and
- 2) That I am not subject to backup withholding because: (a) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends; or (b) that I am no longer subject to backup withholding; and
- 3) I am a U.S. citizen, or a U.S. resident for tax purposes.

Please note: Cross out and initial item 2 and/or item 3 if subject to backup withholding as a result of a failure to report all interest and dividend income or you are not a U.S. citizen or U.S. resident for tax purposes.

**D. DELIVERING THE PROMISE (DTP)**

If a MetLife DTP Specialist assisted you with this claim, you may elect to have your check or Total Control Account kit mailed to the Specialist, who will deliver it to you. If you wish to have the proceeds mailed to your DTP Specialist, please check the appropriate box below. If no box is checked, the proceeds will be delivered directly to you.

☐ Deliver to DTP Specialist

DTP Specialist Name: \_\_\_\_\_

DTP Specialist Address: \_\_\_\_\_

☒ Deliver to Beneficiary

Our standard payment method is in the form of a **Total Control Account**. A personalized checkbook and a kit that includes information about your Account will be sent to you if an Account is established. Your Account will be guaranteed by MetLife and your money will be accessible to you when you need it.

Please sign below as you would sign on checks (include first and last name). If you are receiving a Total Control Account, this signature will be placed on file with your Account. If Beneficiary is a minor, the legal guardian or adult submitting this form must sign, not the minor.

The IRS does not require your consent to any provision of this document other than the certification to avoid backup withholding.

 Beneficiary Signature	 Date Signed
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